

Gerard House, Inc.

Resident's Name: _____ Date of Exit Review: _____

The purpose of this review is to help us evaluate the quality of services we provide. Your comments about your experiences here, and your plans for the future can show us what we have accomplished and what we need to change to better help you and others.

A. SERVICES

1. When you tried to call Gerard House, did someone answer?

☐ always ☐ most of the time ☐ sometimes ☐ never

2. What were your most important needs when you came to Gerard House? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> education on alternatives | <input type="checkbox"/> financial assistance |
| <input type="checkbox"/> medical assistance | <input type="checkbox"/> legal assistance |
| <input type="checkbox"/> counseling assistance | <input type="checkbox"/> clothing |
| <input type="checkbox"/> shelter | <input type="checkbox"/> nutritional planning/guidance |
| <input type="checkbox"/> food | |

Circle the appropriate response: 1) not at all, 2) little, 3) fair amount, 4) a lot.

- | | | | | |
|---|---|---|---|---|
| 3. This service helped me meet my needs. | 1 | 2 | 3 | 4 |
| 4. In general, I am satisfied with the services. | 1 | 2 | 3 | 4 |
| 5. I felt I had a chance to have an adequate say in my development. | 1 | 2 | 3 | 4 |
| 6. I benefited from the required classes. | 1 | 2 | 3 | 4 |
| 7. How helpful was the counseling you received while here? | 1 | 2 | 3 | 4 |
| 8. Were our services helpful to you? | 1 | 2 | 3 | 4 |

9. What services did you use while in this program? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> classes offered | <input type="checkbox"/> counseling referrals | <input type="checkbox"/> legal referrals |
| <input type="checkbox"/> medical assistance | <input type="checkbox"/> WIC assistance | <input type="checkbox"/> housing referrals |
| <input type="checkbox"/> transportation | <input type="checkbox"/> clothing (maternity/infant) | <input type="checkbox"/> continued education |
| <input type="checkbox"/> childcare | <input type="checkbox"/> infant care instruction | <input type="checkbox"/> job assistance |
| <input type="checkbox"/> personal guidance | <input type="checkbox"/> menu planning/cooking | |

10. If you need help in the future, would you contact this service again? ☐ yes ☐ no

Comments: _____

B. STAFF

Circle the appropriate response: 1) not at all, 2) little, 3) fair amount, 4) a lot.

- | | | | | | |
|-----|---|---|---|---|---|
| 1. | The staff seemed concerned about me. | 1 | 2 | 3 | 4 |
| 2. | Staff was available when I needed them. | 1 | 2 | 3 | 4 |
| 3. | If staff was unavailable, they made an effort to contact me later. | 1 | 2 | 3 | 4 |
| 4. | The staff explored various alternatives and options with me. | 1 | 2 | 3 | 4 |
| 5. | Staff was careful not to pressure me into making quick decisions. | 1 | 2 | 3 | 4 |
| 6. | Staff supported me in my own decision making. | 1 | 2 | 3 | 4 |
| 7. | Staff was open to my opinion. | 1 | 2 | 3 | 4 |
| 8. | Staff explained things to me in a way that I could understand. | 1 | 2 | 3 | 4 |
| 9. | Staff indicated a willingness to provide follow-up support to me. | 1 | 2 | 3 | 4 |
| 10. | I would feel comfortable talking to staff in the future if necessary. | 1 | 2 | 3 | 4 |

C. FUTURE PLANS

Give a brief statement as to your reasons.

1. Will you continue to use this service for any reason? ☐ yes ☐ no

Comment: _____

2. Would you recommend this service to someone in the future? ☐ yes ☐ no

Comment: _____

3. If you had any problems with Gerard House, please state them as best you can.
